

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10/589517</div>	FILING DATE
APPLICANT(S)								
CLAIMS								
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1					
2		1		1				
3		2		1				
4		0		1				
5		0		1				
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7		0		1				
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10		2		1				
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TOTAL DEP.	18	←	16	←		←		
TOTAL CLAIMS	20		18					
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TOTAL DEP.		←		←		←		
TOTAL CLAIMS								